

מדינת ישראל

משרד ראש הממשלה

ארכיון המדינה

Village Works Clerk
Personnel

שם, שם, שם

כתובת, כתובת, כתובת

6/1944 - 12/1947

מדינת ישראל

גנרל המדינה



שם תיק: Village Works Clerk Personnel

מ-5167/16

ארץ ישראל

ממשלת ישראל

מזהה פרט: 000v2ql

כתובת: 2-120-9-6-3

תאריך הדפסה: 08/09/2019

מחלקה

גנרל המדינה

מדינת ישראל

תיק מס'

מכיל מס'

7/28/26

Gen. 2.

Other files dealing with
same Subject

1/28/26

Village Works Clerk

Personnel

GPP. 315-30.000-23-1-88-22/9

[illegible]

(13) ~~ADP~~

cc

pl. ask petitioner what is the minimum salary he is prepared to accept (Consolidated)
~~(P. 10 - consolidated)~~

(14) Ref. (13) (P. 10 - the Minimum Consolidated) H
with an increase in future as think fit
to grant him

62 7/1

2.1

AT

(15) ADP

folio 12 is an application for getting the post of Asst. village works clerk. Shukri is doing very well but I feel he ought to have an asst. and in same time Shukri will the responsible office to D.O. New applicant is accepting a consolidated salary of P. 10.-. Pl. adv I have interviewed him and looks to be promising youth. He worked previously in this office in the crop estimation Section. Pl. advise about appointment.

62 8/1

(16) D.O. I have no objection to his appointment provided you are satisfied he is suitable in all respects. AB 8.1.67

needed
62 9/1

(17) cc

pl. ask Adnan ell Karim to report & see me.

62 9/1

(18) Ref. (15), (16), (17) do you suggest to address him with an appointment letter H

seen
P.A. 10/1

(19) cc
pl. ask Adnan ell to see me. 15/1

AT
10.1

(23) A. S. P.

noted for 281. THe/9

21.1

(24)

ASSISTANT DISTRICT COMMISSIONER'S OFFICE
TULKARM.

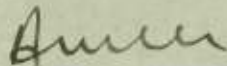
6th December, 1947.

Sir,

I have the honour to inform you that owing to the probable liquidation of the Village Works and Roads Scheme in this Sub-District as from the beginning of next year, your services with this Office will be terminated on 1.1.1948.

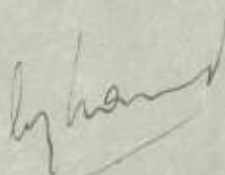
2. I wish to thank you for your past service in this Department.

I have the honour to be,
Sir,
Your obedient servant.

ASSISTANT DISTRICT COMMISSIONER
TULKARM.

Adman Eff. Karimi
Clerk, V. W. & R. Scheme,
Tulkarm.

MH/AT.



THE UNITED STATES OF AMERICA
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

I, the undersigned, being the
authorized representative of the
Bureau of Land Management, do hereby
certify that the above described
land is a part of the public
domain of the United States
and is not subject to any
claim of private ownership.

Very truly yours,
Special Agent in Charge

[Signature]

Special Agent in Charge, Bureau of Land Management,
Washington, D. C.

Approved and Forwarded:
Special Agent in Charge,
Bureau of Land Management,
Washington, D. C.

[Signature]

MEDICAL REPORTASSISTANT DISTRICT
COMMISSIONER'S OFFICE

O.M. 70.

To M.O.

Health

2 - DEC. 1947

The following persons are sent to you for (A)

Treatment

Place

Tulsa

Signature

Date

2-12-47

Department

1 DO Tulsa

No.	Name	Grade and Department	Age & Sex	Disease	Disposal of case
	Adnan Eff El Kammis	V WO DA En.	Male	Eczema of Hand.	5 days rest

Place

Tulsa

Date

2-12-47

Signature of M.O.

O. C. C. C. C. C.

INSTRUCTIONS FOR SENDING MEDICAL REPORTS.

1. This form must be signed by a Senior Officer under whom the persons sent for medical examination are serving.
2. The Officer signing must fill in request for examination at the top of the form and the columns "No.", "Name", "Grade & Department" and "Age & Sex", (A) State whether for "treatment", "examination as to fitness for duty", "Medical Boarding for sick leave" etc.
3. The form is to be sent to the Medical Officer in duplicate. He will fill in particulars of "Disease" and "Disposal of case" and retain one copy, returning the other to the Department concerned.
The Medical Officer will state "Duty" "Excused Duty" "hours" "Admitted to hospital" "Finding of Medical Board" etc.

ASSISTANT COMMISSARY

MEDICAL REPORT

25. NOV. 1947

O. M. 70.

To M.O.

The following persons are sent to you for (A) Verification of Medical Officer's report attached

Place Tulkaman Signature Dr. TulkamanDate 26. 11. 47 Department Dr. Tulkaman

No.	Name	Grade and Department	Age & Sex	Disease	Disposal of case
	Adnan EH	V. W Clerk	Male	3 days with	approved on
	El Karimi	J. Adm.			remained

Place Tulkaman Signature of M.O. Dr. TulkamanDate 26. 11. 47**INSTRUCTIONS FOR SENDING MEDICAL REPORTS.**

- This form must be signed by a Senior Officer under whom the persons sent for medical examination are serving.
- The Officer signing must fill in request for examination at the top of the form and the columns "No.", "Name", "Grade & Department" and "Age & Sex".
(A) State whether for "treatment", "examination as to fitness for duty", "Medical Boarding for sick leave" etc.
- The form is to be sent to the Medical Officer in duplicate. He will fill in particulars of "Disease" and "Disposal of case" and retain one copy, returning the other to the Department concerned.
The Medical Officer will state "Duty" "Excused Duty" "hours" "Admitted to hospital" "Finding of Medical Board" etc.

100

Dr. A. Khartabil

Physician, Surgeon

& Obstetrician

Maron - Phone No. 62

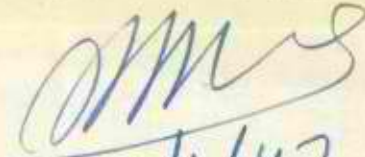
الكتور اليب فرطيل

طبيب جراح ومولد

موقعه - تلفون رقم ٦٢

Name الاسم Date التاريخ

By certifying that ^{Mrs.} Adnan
Kamm is suffering
of severe infection
of the left index
finger & is in need of
3 days & nights
duty & rest at home.


24/11/42

MEDICAL REPORTASSISTANT DISTRICT
COMMISSIONER'S OFFICE

O. M. 70.

27. NOV. 1947

To M HealthThe following persons are sent to you for (A) TreatmentPlace TubmanDate 27-11-47

Signature

Department

No.	Name	Grade and Department	Age & Sex	Disease	Disposal of case
	<u>Adnan SH</u> <u>Karmi</u>	<u>I. A. C</u> <u>I. A. C.</u>	<u>Male</u>	<u>Eczema</u> <u>hands</u>	<u>5023</u> <u>excised</u>

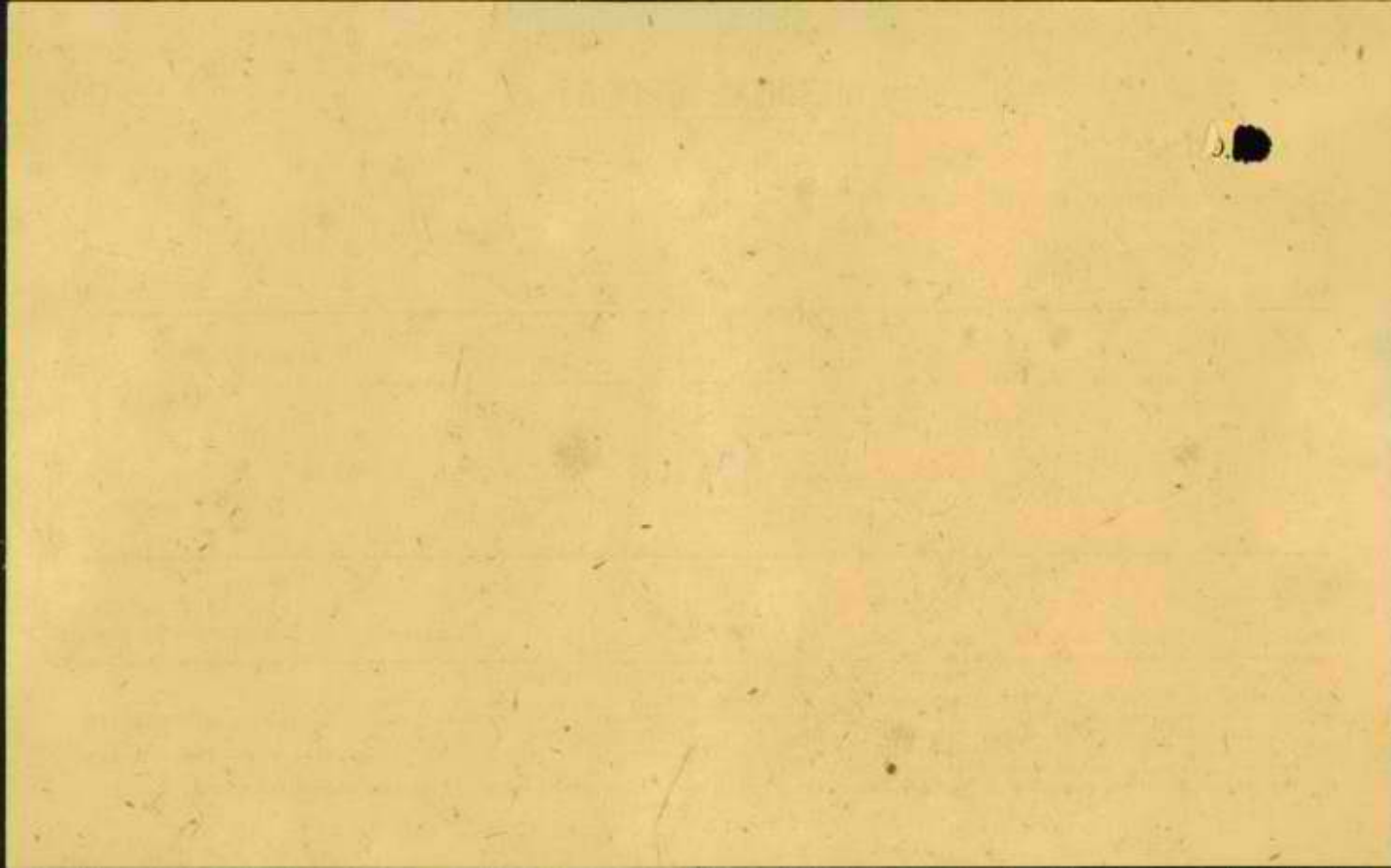
Place TubmanDate 27-11-47

Signature of M.O.

INSTRUCTIONS FOR SENDING MEDICAL REPORTS.

1. This form must be signed by a Senior Officer under whom the persons sent for medical examination are serving.
2. The Officer signing must fill in request for examination at the top of the form and the columns "No.", "Name", "Grade & Departments" and "Age & Sex".
(A) State whether for "treatment", "examination as to fitness for duty", "Medical Boarding for sick leave" etc.
3. The form is to be sent to the Medical Officer in duplicate. He will fill in particulars of "Disease" and "Disposal of case" and retain one copy, returning the other to the Department concerned.
The Medical Officer will state "Duty" "Excused Duty" "hours" "Admitted to hospital" "Finding of Medical Board" etc.

98 27 11



MEDICAL REPORT

23

O. M. 70.

To M. O. HealedThe following persons are sent to you for (A) Reignition of med. board report all.Place TulkaDate 23.9.47Healed SignatureJ. D. Tulka Department

No.	Name	Grade and Department	Age & Sex	Disease	Disposal of case
	<u>Adnan E/H</u>	<u>V.C.</u>	<u>male</u>	<u>Healed</u>	<u>2 Dots</u>
	<u>El Karim</u>	<u>D. A. da</u>			<u>rest of report</u>

Place TulkaDate 3.10.47A. J. J. J. Signature of M.O.INSTRUCTIONS FOR SENDING MEDICAL REPORTS.

1. This form must be signed by a Senior Officer under whom the persons sent for medical examination are serving.
2. The Officer signing must fill in request for examination at the top of the form and the columns "No.", "Name", "Grade & Department" and "Age & Sex".
(A) State whether for "treatment", "examination as to fitness for duty", "Medical Boarding for sick leave" etc.
3. The form is to be sent to the Medical Officer in duplicate. He will fill in particulars of "Disease" and "Disposal of case" and retain one copy, returning the other to the Department concerned.
The Medical Officer will state "Duty" "Excused Duty" "hours" "Admitted to hospital" "Finding of Medical Board" etc.

الطبعة

مكتبة دار الكتب

٤٧/٨/٤٤

الرسالة ، عدنان به ابراهيم كبرى طرند

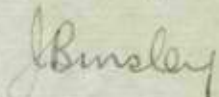
بنا بنه عانيت عدنان به ابراهيم كبرى راحه طرند فوجيه
مسايقه بعد رعد الزج به الصفاة الى اوه Branch
it - دوحه والكدي اني ابراهيم استرانه
منه يوحه فقط ديباناً ندرج على صفاة الزج راحه
مع ابراهيم

2/2/10

TKC/9.

DIVISIONAL POLICE HEADQUARTERS,
TULKARM.

21st., January, 1947.

District Officer,
Tulkarm.Subject :- Adnan Eff KARMI.
Reference:- Your No.V/80 of 20.1.47.No adverse record in respect
of above named is held by this formation.
(J. Binsley)
A.S.P. TULKARM.

25 JAN 1947

88
DIVISIONAL POLICE HEADQUARTERS,
TUNISIA.

20.1.57.

21st Jan., 1957.

District Officer,
Tunisia.

Subject :- Adnan Ali Ismail.
Reference:- Your No. 430 of 20.1.57.

No adverse record in respect
of above named is being this Division.

(J. Sineley)
D.P. TUNISIA.

ASSISTANT DISTRICT COMMISSIONER'S OFFICE
TULKARM.SECRET.

20th January, 1947.

A. S. P.,
(C.I.D.) Section
Tulkarm.

Adnan Eff Karml has been appointed in the post of Village Account Clerk, whose pay will be paid from Village Funds.

I should be grateful if you would inform me whether if there is any police objection for his employment.

ابراهيم طقطق
District Officer,
Tulkarm.

ARA/AT.

B 211/

22

1948

1948

1948

1948

1948

1948

1948

1948

1948

١٩٤٧/١/١٦

الرقم - ٨٠

حصرة السيد عدنان الكرمي المحترم

لي الشرف ان أشير الى استدعائكم المؤرخ في ٦/١/٤٧
 بخصوص طلب وظيفة كاتب لحسابات القرى وان أخبركم أنه قد جرت
 الموافقة على تعيينكم كاتب لحسابات القرى في هذه الدائرة بمعاشر شهرى
 محدد وقدره عشرة جنيهات فليمضي اعتبارا من اليوم الخامس عشر
 من شهر كانون ثاني سنة ١٩٤٧ لمدة سنة أشهر تحت التجربة لبيد ما
 تيسر بالعمل بنجاح . مع الاحترام .

القائم مقام قضاة طولكرم
 القضاة

القائم مقام قضاة طولكرم

cc

pl. prepare letter of
 appointment to A'dnan
 Karim for a probationary
 period for six months
 Pending his success

for

16/1

الف

كف اللب

م ج

الشمس

عدد

محل إقامة

١٤٦٤

محمد بن عبد الله

٢١

١٠٠

محمد بن عبد الله

٢٨

١٥٧٤

صالح بن عبد الله

٢٤

٢٤٠

صالح بن عبد الله

٢١

٢٢٠

محمد بن عبد الله

٢٢

١٠٠

محمد بن عبد الله

٢٩

١٠٠

محمد بن عبد الله

٢٠

٢٦٠

محمد بن عبد الله

١٥

١٥٠٤

محمد بن عبد الله

١٦

٢٧٤

محمد بن عبد الله

١٦

٢٧٦

محمد بن عبد الله

٢٢

١٨٠

محمد بن عبد الله

٢٢

١٨٤٠

محمد بن عبد الله

٢٠

طوك

الذبيعة لاول : فان مقام طهر
الذبيعة الثاني : اي حقه لغيره (المتبرع)

انتم الذبيعة لاول مع لغيره الثاني على بناء غرض
منه نماذج. غرض لدارس في مدبر فيه اذ نماذج من الاستيعاب
شماية وثمانية جبر فلطيف لا غير تدفع للذبيعة الثاني على اربع
اقساط فيه كل قسط مائة وثمانية جبر فلطيف : اقساط
الاول عند ابتداء العمل والثاني بعد فضاء من مائة ابتداء العمل والثالث
بعد التخصيب والرابع بعد انهاء العمل.

- ١- على المتبرع اعضاء جمع ما يلزم للبناء والتخصيب على
نقطة الى حقه ولا يقل للذبيعة الاول بالتفقات.
- ٢- على المتبرع انه يتم العمل بعد تدبيره من تاريخ اداءه
ديون الذبيعة لاول.
- ٣- على الذبيعة الثاني انه يعمل حسب طلبات الذبيعة لاول
واذا حصل اي اخلاف في تكتم في ذلك في مهندس
المقاطعة او من ينسب عنه ويكره زاره لاثاني له.
- ٤- تدفع الاقساط من الذبيعة لاول او من ينسب عنه كما هو
ينسب المحرم.

المتبرع
15/1

وليسيا به صرنا ليعا سر من كانه الثاني لاول

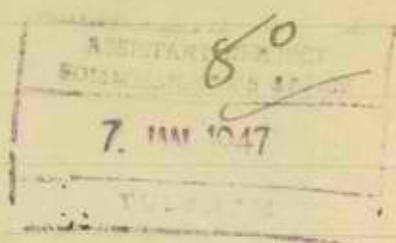
المعاول
النا مقام

شاه

جدول باسماء الزرى والقدار يلزم دفعه من مزرع الخبيث

رقم الترتيب	اسم الزرى	الزرى خاص المطبخ	الزرى خاص الفاخر	الزرى خاص الزرى	باقى الزرى	ملاحظات
١	كمر صو	١٠٥	—	٢٠	—	لم يقدم الزرى جدول باسماء الزرى او عدد هم
٢	بيت ليد	٢٦١	—	٢٢	—	لم يقدم الزرى - جدول باسماء الزرى او عدد هم
٣	كند الكلب	٢٦١	—	٢٦	—	٢٨٧

الزرى
الزرى



12

Adnan Karmi,
Tulkarn,
6th, Jan, 1947

Assistant District Commissioner,
Tulkarn.
Thro' D.O. Tulkarn.

Subject :- Application for Employment.

Sir,

It is understood that a vacancy for a clerk exists in your Department and I therefore beg to submit this application and trust that you will favourably consider it and appoint me to fill the said post.

I am a muslim, 19 years of age, completed the second secondary class at Al-Najah Collage.

I was employed at your offices as a clerk for estimation of crops for a period of 15 months. I feel certain that during that term of employment I was satisfied my superiors.

I have the honour to be,
Sir,

Your obedient servant.

Adnan Karmi

B.O. n file. 7/1

سعادة مساعد حاكم اللوار المحترم
بواسطة سعادة قائم مقام طونكم المحترم

Handwritten note: "Hence"

Discussed with A.D.C.

P.A.

14/12

14/12

Vote Council

استقال حسابات القرى

مخلص

انصرف بايديهم لسعادتهم اني اقوم بحفظ الحسابات المذكورة

زيادة في محاسبهم كالمورد للمهاجرة

وحيث انه الدور الذي عرفت موطنة في هذه الواجبة بحسب

يعرف به هذه الحسابات بجميع حصة عن جزير نفقته

اجرو النظر في طلبهم هذا لكي في اقوامهم بهذه العمل زيادة في

الوقت المحدد

وتفضلوا يقبلوا فانه الف حكام

تدبر

حسابات

1927/12/16

لقد رغب القوام في كسبها انهم

اجرا خاصا

Handwritten signature

12

سوف اقوم بهذه العمل بكل انجاح والله اعلم
تدبر

A.D.C.

I strongly recommend that Village Ateli Clerk be appointed and salary paid from village. His Act "B" of any or village Act. A General. His job is quite arduous. The shop concentrate on it. A Del. Operator be appointed instead where salary be met from Vote Council.

منه المثلج المالح له من له
منه المثلج المالح له من له

منه المثلج المالح له من له

منه المثلج المالح له من له

منه المثلج المالح له من له

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منه المثلج المالح له من له

منه المثلج المالح له من له

Head of Estimates **XIV. DIST. ADMINISTRATION.**
Sub-Head (Personal Emoluments) **SALARIES**

GOVERNMENT OF PALESTINE.

F. 4.

SALARIES or WAGES for the month of December,19^{44.}

Voucher No.

GPP, 11182-20.000-10-9-40-1549/8.

[illegible]

1. I CERTIFY that the above is a correct statement of the amounts payable to the persons named in respect of their services for the period stated, and that their employment at the rates of pay specified were duly authorised by

F.A. No. 3

Date 28.12.1944

Assistant District Commissioner, Title
Tulkarm.

Signature	Head of
Title	Department

2. I CERTIFY that the sums indicated above have been duly paid by me to the persons entitled thereto.

Date _____

Signature of Paying Officer

Signature of Witness to payment, Mark or Seal.
(Only necessary when payee is illiterate)

سعادة قاضى مقام محترم المحترم

11 DEC. 1944

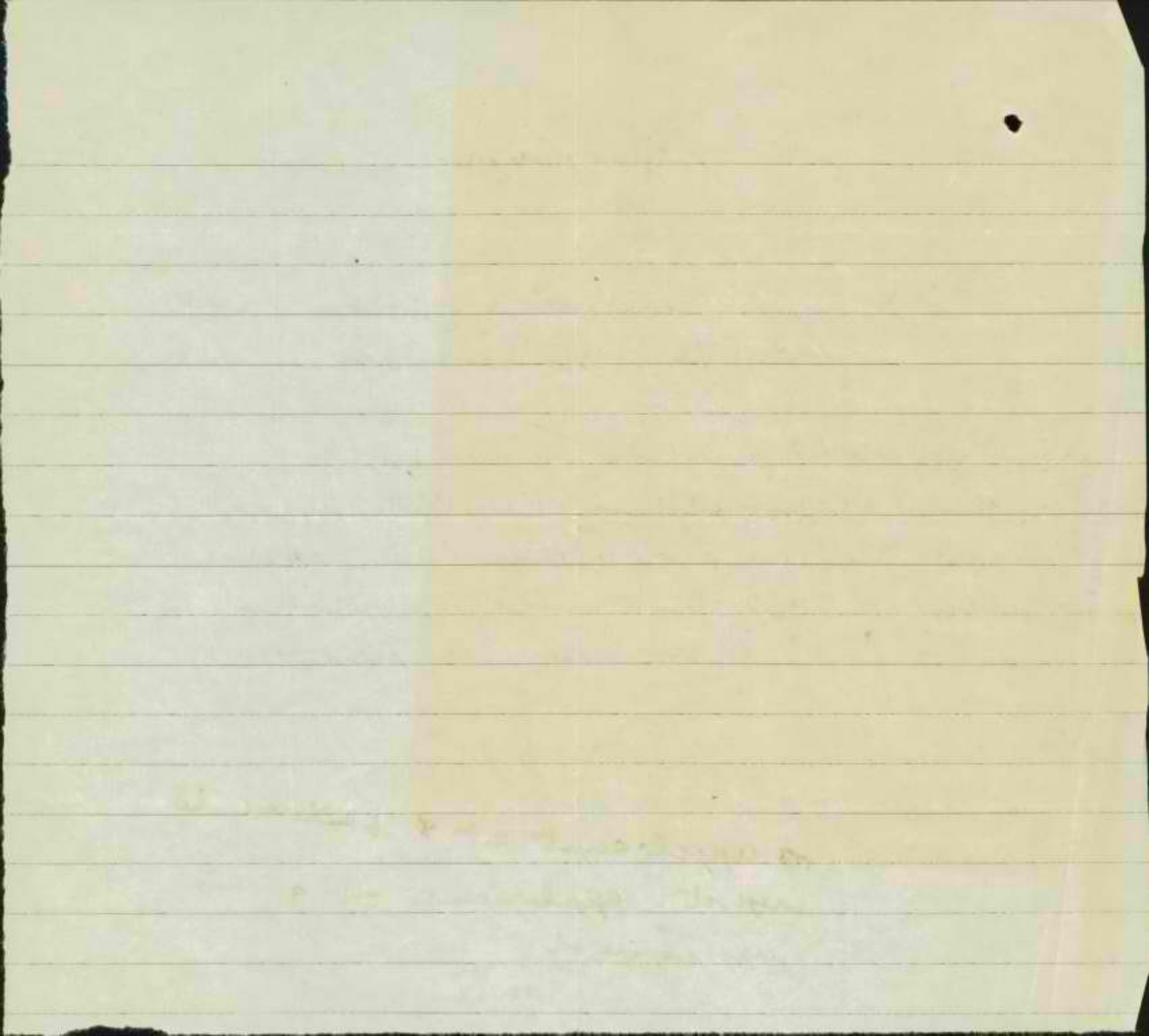
الموضوع : موظف مشروع الجبهه للمصلح القبرى .
الطالب : شكرى محمد جابر بواصة الحاج زكى انقلاصاينى محترم

يشرف بانذره سعادتكم خذ علمك اهدارتم الموزة بجابه لموظف مشروع الجبهه
المصلح القبرى فى القضاة . لذلك وجهت الى احدى بنفسي الكفايه على هذا العمل ووجهت
تصليى المصف الثانى ثانوى بمدرسى الخاور بطونهم ولدى سرادات استخدم بدواً لكون
دا جبهه الطباعه بالبريه والانتظير . فانه كان طلبى هذا قبول لدى جنابكم بقره
لنيل الجبهه لخدمتكم وبالحق تمام نفعوا بقبول فائز الاصلام

يشرف بانذره سعادتكم المحترم
مكرمه مدير

11/12/44

no apphiesant at 8
report. apphiesant at 9
apphiesant
11.12.44



C.C.

8

Reg,

(Have we such a vacancy?)

Yes, please. A Clerk to this post ^{14/6}
was appointed with effect from 16.5.44 to 31.7.44
and his services was terminated vide page 5.

As from 1.8.44 up to date I am doing
this work in my house ^{in the office} after office hours.
in addition to my duties.

In this Connection please see para 2
of page 7 and page 13 of File N^o 1263
attached.



15.11.44.

Approved.

^{D.O.}
Applicant informed.

He will report for duty on 1.12.44.

Seen
15.11.44

14/11

Encl
12.11.44

ASSISTANT DIRECTOR
COMMISSIONER'S OFFICE
13. NOV. 1944
F.V.

طوكيم - ١٢ - ١١ - ١٩٤٤

سعادة فائقكم طوكيم المحترم

سيدي :

عبيتي انني لفتت انة يوجد وظيفة شاذرة في داركتم اي كاتب الطرود واثارات تهرى
واور الالتحاق في خدمتكم لذلك اقدم طلي لهذا لهذه الوظيفة .
لقد ارضيت الدراسة في الصف الثاني ثانوي بطوكيم في المدرسة الثانوية . واني احب
اللغتين العربية والانجليزية . قراءة وكتابة . وانا اتمنى درجتي في المدرسة عنده .
وقد تخرجت من المدرسة ١٩٤١ . وعمرى الآن اثني وعشرون سنة .
وبعد ذلك استقلت موظفاً عند الجبسة كعاملاً على الاسفنج في القاهرة وبعد ان
استقلت مدة سنة ونصف انتقلت الى شاميا .

المستدعي

عبد الرحمن عقار

٥١.٥.٤٤

Application a Monsieur le
Commissaire.

2. Recommendation.

٥١٢
١٥.١١.٤٤

Station Tulkarm.

Head of Estimates

XIV. DIST. ADMINISTRATION.

Sub-Head = (Personal Expenditure)

SALARIES or WAGES for the month of July,

19 44

Voucher No. _____

GPP, 11182-20,000-10-9-40-1549/S.

[illegible]

1. I CERTIFY that the above is a correct statement of the amounts payable to the persons named in respect of their services for the period stated, and that their employment at the rates of pay specified were duly authorised by

F.A. NO. 3

Date 31.8.44.

Asst. Dist. Commissioner,
Tulkarm.

Signature	{	Head of
Title		Department

2. I CERTIFY that the sums indicated above have been duly paid by me to the persons entitled thereto.

Date _____

Signature of Paying Officer

Signature of Witness to payment, Mark or Seal.
(Only necessary when payee is illiterate)

Assistant District Commissioner's Office,
Tulkarm.

21st August, 1944.

Ahmad M. Al Qasim,
Tulkarm.

Sir,

I have the honour to refer to your
letter dated 22nd July, 1944.

As it would appear that you are unlikely
to be passed fit for service I regret to have to inform
you that I must terminate your appointment with effect
from 31st July, 1944.

From time to time work occurs in this office
which requires the appointment of a temporary clerk for
one or two months. When you are fit again, there would
be no objection to your applying to fill one of these
posts. I hope that you will soon be restored to good
health.

I have the honour to be,
Sir,

Your obedient servant.

(Sgd.) W. J. A. LIVINGSTONE
Assistant District Commissioner,
Tulkarm.

22/8/44 7

A.D.C.

Tulbin

31. JULY 1944

French Hospital

Paris

22. 7. 44.

Sir,

P.2.

I have the honor to state
that, according to the Dr's report that
Mr Ahmed M. Ben has disease
of his spleen & water in the abdomen.
For this Dr stated that I give
him five months rest as from 1.7.44.
& I attach herewith the report
for a revision & Dr ready to answer
any further questions about the above
mentioned patient

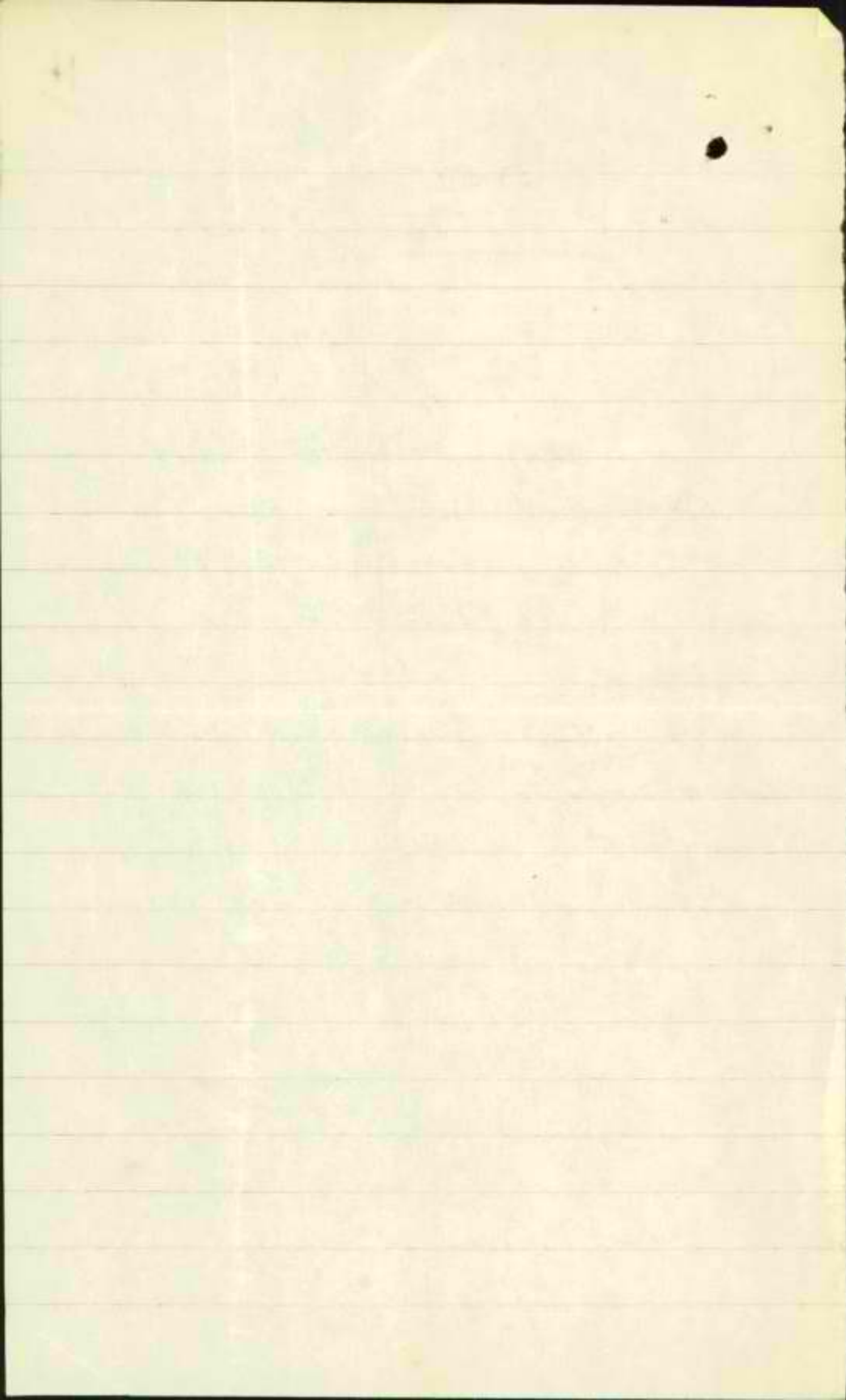
I thank you very much,

Sir,

Your obedient servant

Dr. Ben

22.7.44.



D^r PATRICE BOUREAU
MÉDECIN-CHEF

DE L'HOPITAL FRANÇAIS DE JAFFA

Ancien Interne des Hôpitaux de Tours

Ancien Externe des Hôpitaux de Paris

Téléphone 222

الدكتور باتريس بورو

الطبيب الاول للمستشفى الفرنسي بيافا
(سابقاً طبيب داخلي لمستشفيات الطور)
(وطبيب خارجي لمستشفيات باريس)

تلفون ٢٢٢

Jaffa, le 18.7.66.

Ahmad Mahomed Kacem est
actuellement en traitement à l'Hôpital
Français de Jaffa pour ascite et
splénomégalie - en traitement et en
repos de deux mois lui est
nécessaire -

Atty-

18. 8. 18

PATRICE BUREAU

ADJUTANT-GENERAL

THE ADJUTANT-GENERAL'S OFFICE
WASHINGTON, D. C.
18. 8. 18

18. 8. 18

18. 8. 18

18. 8. 18

18. 8. 18

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18. 8. 18

Head of Estimate **XIV Dist. Administration**
20 village works.
 Sub-Head (~~Personal Emoluments~~) **SALARIES**

GOVERNMENT OF PALESTINE.

R.

XIV Dist. Administration
Head of Estimate ~~20~~ Village works.
Sub-Head (Personal Emoluments) SALARIES

SALARIES or WAGES for the month of June.

19 44

Voucher No.

GPP, 11183--20,000--10-9-40--1549/3.

Office	NAME	Period		Rate per diem	Amount		DEDUCTIONS				Net Amount		I We hereby acknowledge the receipt of the amount(s) opposite ^{my} _{our} name(s)
		From	To		L.P.	Mils	L.P.	Mils	L.P.	Mils	L.P.	Mils	
Clerk.	Ahmad Eff. Qasim	1	30	LP: 0	10	-					10	-	<i>Ahmad</i>
(Ten Pounds Palestine Only)													
<i>File Copy</i>													

1. I CERTIFY that the above is a correct statement of the amounts payable to the persons named in respect of their services for the period stated, and that their employment at the rates of pay specified were duly authorised by

F.A. No. 3 of 10-4-1944

Date 28-6-1944

Asst. Dist. Commissioner

Signature	Head of
Title	Department

2. I CERTIFY that the sums indicated above have been duly paid by me to the persons entitled thereto.

Date _____

Signature of Paying Officer

Signature of Witness to payment, Mark or Seal.
(Only necessary when payee is illiterate)

Ahmad M. Al Qasim

2

c/o District Offices.

Tulkarm

27th. June 1944.

Vf

Assistant District Commissioner,

Tulkarm.

Sir,

I have the honour to inform you that I am feeling with a hernia (Rapture) and intending to make an operation at the French Hospital, Jaffa.

I shall be greateful if you will issue me with a Madical report in order to have sick leave for this operation.

I shall proceed to Jaffa for this purpose on 2nd July 1944.

For your kind approval please.

I have the honour to be,

Sir

Your obedient Servant.

Al Qasim

*Approved for
the day 27/6
must report
personally on
by letter in hand.*

*%
el. Tulkarm
27/6*

50

11/11

11/11

Station TUL KARM.

Head of Estimates

Sub-Head (~~Personal~~ Firmament)

GOVERNMENT OF PALESTINE.

19

Voucher No. _____

GPP, 11189-20,000,000-1549/8

SALARIES or WAGES for the month of

1944

Office	NAME	Period		Rate per	Amount		DEDUCTIONS				Net Amount		I We hereby acknowledge the receipt of the amount(s) opposite ^{my} name(s) our
		From	To	diem	L.P.	Mils	L.P.	Mils	L.P.	Mils	L.P.	Mils	
Clerk	Ahmed Elf. Haj Cassen	16	31	4.10	5	161					<u>5</u>	<u>161</u>	<i>Al-Rasini</i>
Five Pounds Palestine One Pound sixty one mil													
File 17													

1. I CERTIFY that the above is a correct statement of the amounts payable to the persons named in respect of their services for the period stated, and that their employment at the rates of pay specified were duly authorised by

F.A. No 3 of 10.4.44 (554) H.I.I. 1000041

Date 31-5-44

Signature	Head of
Title	Department

2. I CERTIFY that the sums indicated above have been duly paid by me to the persons entitled thereto.

Date _____

Signature of Paying Officer

Signature of Witness to payment, Mark or Seal.
(Only necessary when payee is illiterate)